

ISSUE SLIP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	24		11-24-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MD	579	12/6/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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10/26/01

# INDEX OF CLAIMS BEST AVAILABLE COPY

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## SYMBOLS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

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# INDEX OF CLAIMS BEST AVAILABLE COPY

5/4/04

Final	Original	Claim		Date	
		Final	Original	Final	Original
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FINAL #

FINAL #

## SYMBOLS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- Restricted
- Non-restricted
- Interference
- Appeal
- Objected

5/4/04

FINAL #

Final	Original	Claim		Date	
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